



Minnesota Board of Cosmetologist Examiners
2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414
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Initial Operator License Application

Complete this application if you are a recent graduate or have a license that has expired by more than three years.

The following must be submitted for your application to be processed:

- **Completed Application**
- **Fee: \$195 (processing within 15 business days) or \$345 (expedited processing within 5 business days)**
Checks or money orders may be made payable to "BCE". Fees are deposited the first business day after receipt.
Processing time begins when your application and payment are received in the BCE office.
Business days do not include weekends or state determined holidays.
Incomplete applications will be returned and subject to additional processing upon receipt back in the BCE office.
- **High School/GED Diploma or Transcript (copy)**
- **Original Certificate of Course Completion**
Contact your school or course provider for this certificate. It must be complete, accurate, and properly notarized.
- **Original passing results from the Minnesota State Laws & Rules Exam**
- **Original passing results from the General Theory Exam**
- **Original passing results from the Written Practical Exam**
All original score reports must be attached to this application. Exam results are valid for one year.
To schedule written exams, contact PSI at 1-800-733-9267 or www.psiexams.com.

Important:

- **Initial training is only valid for three years.**
If a student does not become licensed within three years of completion of training, the training (1550 hours, 600 hours, or 350 hours) is no longer valid. At that point, a student must return for the full training program.
- **Once a license is issued, it will post online.**
Search by your first and last name using the License Lookup at www.bceboard.state.mn.us. Until a license is issued, no results will be found. Once a license is issued, results will appear. Please allow for the full processing time.

Applicant Information

1/2016

Full Name <i>First, Middle, Last</i>			
Social Security Number		Date of Birth	
Street Address		City, State, Zip Code	
Phone Number		Email Address	

Have you ever held a cosmetologist, esthetician, or nail technician license in Minnesota?	<input type="radio"/> Yes. List license type: _____ <input type="radio"/> No
Which license type are you seeking?	<input type="radio"/> Cosmetologist Operator <input type="radio"/> Esthetician Operator <input type="radio"/> Nail Technician Operator


School Information

School Name		City of School	
Program Type	<input type="radio"/> Cosmetologist <input type="radio"/> Esthetician <input type="radio"/> Nail Technician	Total Hours Completed	
Start Date		Completion Date	

For BCE Office Use Only

Check/MO/Receipt #:	Payment Amount:	Application Number:
Date Processed:	Staff Initials:	License Number:

Additional Applicant Information

1. List any states in which you have held a cosmetology license, besides Minnesota. For each state, list the license type. <i>If this applies to you, you may need to submit an Endorsement or Transfer Application instead of the Initial Operator Application. Contact the BCE for more information.</i>		
2. Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetologist Examiners, or Office of the Attorney General? <i>If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution.</i>	<input type="radio"/> Yes <input type="radio"/> No	
3. Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? <i>If yes, you must attach the following:</i> <input type="radio"/> A detailed and signed explanation identifying the type of license and the circumstances of each incident. <input type="radio"/> A copy of the Notice of Hearing or other document that states the charges and allegations. <input type="radio"/> A copy of the official document which establishes the resolution of the charges or any final judgment.	<input type="radio"/> Yes <input type="radio"/> No	
4. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes, Section 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a detailed and signed explanation with documentation from the Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.</i>	<input type="radio"/> Yes <input type="radio"/> No	

Licensee Responsibility

As a licensee, you will be responsible for the following:

☐ **License Renewal**

Your license will expire on the last day of your birth month in the third year of your license cycle. If you fail to renew on or before that date, your license will expire and you will not be eligible to work. Late fees will be applied to any license that is not renewed on time. Check with the BCE for current renewal requirements.

☐ **Verification of Salon License**

If you are working in a salon, it is your duty to ensure it has a current license.

☐ **Compliance with Laws and Rules**

As a licensee, you are responsible for ensuring your compliance with all applicable laws and rules. Civil penalties of up to \$2,000 per violation can be assessed to you, your salon, and/or your Designated Salon Manager for not following laws and rules established by the BCE.

☐ **Notice of Changes**

If you change your name or address, you must notify the BCE within 30 days of the change. Name changes must be completed using a Name Change Form and submitting it to the BCE office. Address changes may be completed online at www.bceboard.state.mn.us.

Application Certification

I certify that the information submitted with this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.

Applicant Signature: _____ Date: _____



The data which you furnish on this application will be used by the BCE to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security Number (SSN) is required by Minnesota Statutes 270C.72 and your SSN may be requested by and released to the Minnesota Commissioner of Revenue. The BCE may use your SSN for revenue recapture as authorized by Minnesota Statutes Chapter 270A. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes Chapter 13. Pursuant to Minnesota Statutes 604.113 and 609.535 the BCE is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

Board Accepted Translation Resources

All foreign documents must be translated into English by a translator or interpreter who is approved by one of the following organizations. You must submit copies of these documents in their original foreign language along with the English translations.

Minnesota Court Interpreter Roster

Both “certified” and “non-certified” interpreters from this roster are accepted.

<http://findinterpreters.courts.state.mn.us/>

Minnesota Department of Health Interpreter Roster

<https://pqc.health.state.mn.us/hci/searchInterpreter.jsp>

American Translators Association

www.atanet.org

Association of International Credential Evaluators

www.aice-eval.org